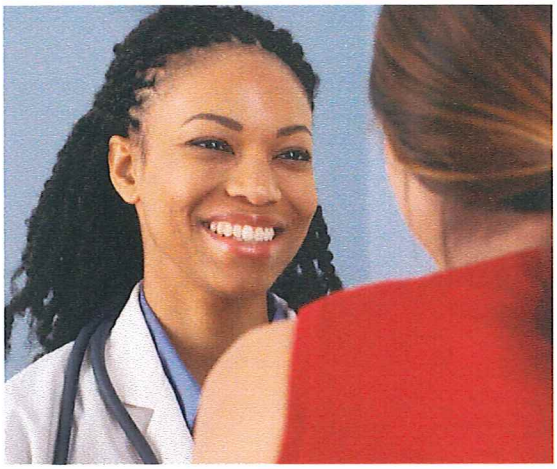
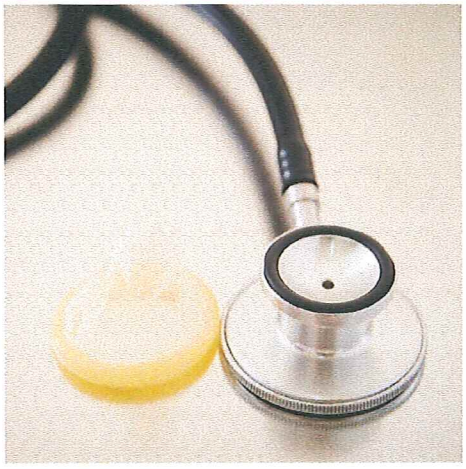
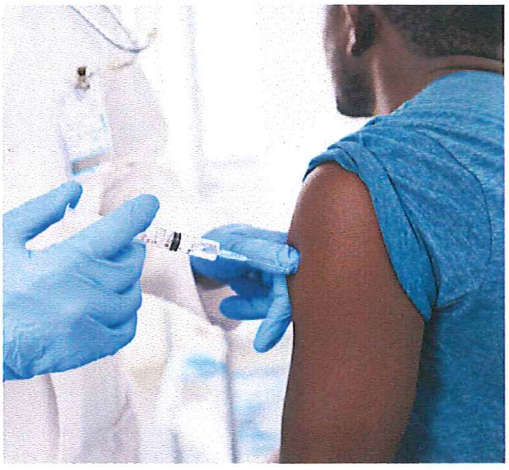
Sexual Health and Your Patients:
A Provider's Guide







NATIONAL COALITION FOR SEXUAL HEALTH

This guide was created to help primary care providers (physicians, physician assistants, nurse practitioners, and nurse-midwives) learn how to better incorporate sexual health discussions and recommended preventive sexual health services into an adult or adolescent wellness visit. Although intended for primary care, providers in other care settings may also find it useful. It is a companion to *Take Charge of Your Sexual Health: What you need to know about preventive services*, a guide for consumers developed by the National Coalition for Sexual Health. This guide includes only essential sexual health information with a focus on prevention, not comprehensive information on all aspects of sexual health. It also does not include detailed information about transgender care, which is highly individualized and beyond the scope of this guide.

NATIONAL COALITION FOR SEXUAL HEALTH

Sexual Health and Your Patients:

A Provider's Guide

This guide was developed with the assistance of the Health Care Action Group of the National Coalition for Sexual Health. To learn more about the coalition, visit http://www.nationalcoalitionforsexualhealth.org.

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CONTENTS

How to Discuss Sexual Health

Sexual health is an essential element of overall health and well-being, yet providers and patients often do not discuss this topic. Many patients want to discuss their sexual health with you, and most want you to bring it up. By asking all your adult and adolescent patients a few essential questions, you help to remove the stigma around discussing sex and normalize these discussions.

KEY POINTS TO ENSURING A PRODUCTIVE SEXUAL HEALTH CONVERSATION

- Assess your own comfort discussing sex with various patient groups and identify any biases that you may have. If you are uncomfortable talking about sex and sexuality, your patient will be too.
- Make your patient feel comfortable and establish rapport before asking sensitive questions.
- Use neutral and inclusive terms (e.g., "partner") and pose your questions in a non-judgmental manner.
- Avoid making assumptions about your patient based on age, appearance, marital status, or any other factor. Unless you ask, you cannot know a person's sexual orientation, behaviors, or gender identity.
- Try not to react overtly, even if you feel uncomfortable or embarrassed. Pay attention to your body language and posture.
- Ask for preferred pronouns or terminology when talking to a transgender patient. Use those pronouns and support that patient's current gender identity, even if their anatomy does not match that identity.
- Rephrase your question or briefly explain why you are asking a question if a patient seems offended or reluctant to answer.
- Use ubiquity statements to normalize the topics you are discussing. These statements help patients understand that sexual concerns are common.
- Ensure that you and your patient share an understanding of the terms being used to avoid confusion. If you are not familiar with a term your patient used, ask for an explanation.

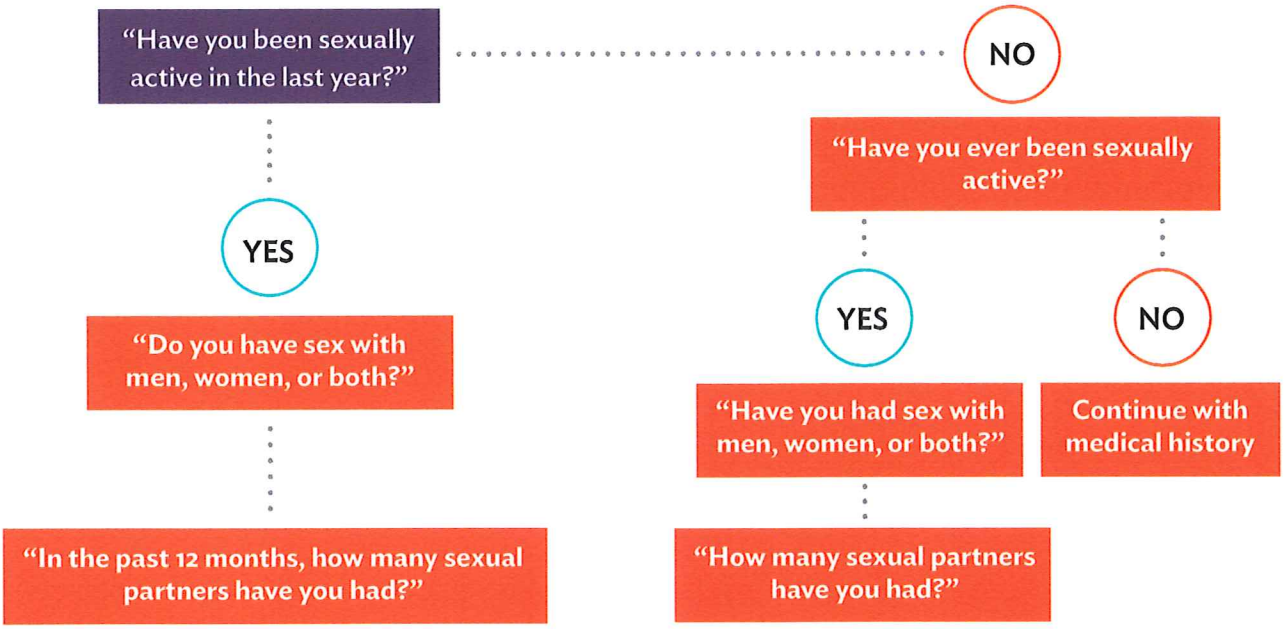
» *For more guidance on taking a sexual history and talking to your patients about sexual health topics, turn to the* ***Where to Learn More*** *section.*

Asking Essential Sexual Health Questions

Adults: Essential questions to ask at least annually

- Ask every adult patient the following questions as part of the overall medical history.
- Try to have this conversation, even if your patient seems uncomfortable or you feel awkward.
- Consider using the following script to transition to asking these sensitive questions and let your patient know that you ask these questions of everyone. If a partner, relative, or caregiver is in the room, ask that person to step into the waiting room. He or she can be invited back after the examination.

"I'm going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my adult patients these questions. Before I begin, do you have any questions or sexual concerns you'd like to discuss?"



(Ask twice if patient answered "Both" to the previous question, once for each gender of partner.)

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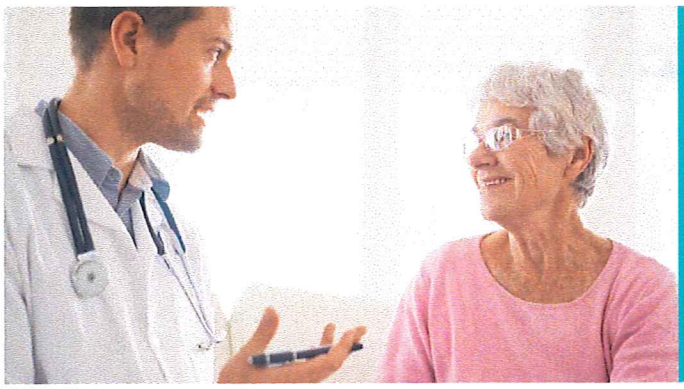


Many older adults remain sexually active. **Ask all your older adult patients whether sex has changed for them and, if so, how.** By asking this question you can identify and address any sexual problems. These challenges can result from other health conditions, medications, or simply the process of aging.

Adults: Essential questions to ask at least once

- Ask the following questions at least once, such as when establishing a patient chart. Consider asking them every few years as sexual behavior and gender identity can change over time. You can include these questions on an intake form, or ask them verbally and record the responses in your electronic medical record or the patient's chart.
- Be prepared to explain these terms as they will be unfamiliar to many patients.
- Assure confidentiality to increase patients' comfort disclosing this sensitive information.
- See the Fenway Institute's Do Ask Do Tell toolkit for guidance on asking sexual orientation and gender identity questions, recording the responses in your EMR, using this data to provide patient-centered care, and training your office staff on how to provide culturally competent care to lesbian, gay, bisexual, and transgender individuals.

1. "What do you consider yourself to be?"
   a. Lesbian, gay, or homosexual
   b. Straight or heterosexual
   c. Bisexual
   d. Other (please specify)
   e. Don't know

2. "What is your current gender identity?"
   a. Male
   b. Female
   c. Female-to-male/transgender male/trans man
   d. Male-to-female/transgender female/ trans woman
   e. Neither exclusively male nor female (e.g., genderqueer)
   f. Other (please specify)
   g. Decline to answer

3. "What sex were you assigned at birth, as shown on your original birth certificate?"
   a. Male
   b. Female
   c. Decline to answer

DEFINITIONS

Gender identity – A person's internal sense of being male, female, both, neither, or another gender.

Sex assigned at birth – The sex (male or female) that is assigned to an infant at birth, which is typically determined by observation of the external anatomy. Also referred to as birth sex, natal sex, or biological sex.

Sexual orientation – A person's characterization of their emotional and sexual attraction to others. Examples include lesbian, gay, heterosexual, and bisexual.

Transgender – When a person's gender identity and sex assigned at birth do not correspond. A transgender person may have any sexual orientation.

Adolescents: Essential questions to ask at least annually

Ask all your adolescent patients aged 11 and older the following four sexual health questions. These questions address 1) puberty and sex, 2) gender identity, 3) sexual attraction/orientation, and 4) sexual activity. Consider using the following script to begin the discussion.

"I'm going to ask you some questions that I ask of all my patients. This information is important and will help me know how best to care for you. Your answers will be kept private so please speak freely. There are a few times that I may need to share this information with others." (Review instances when your state requires sharing confidential information.)

1. "What questions do you have about your body and/or sex?"

2. "Your body changes a lot during adolescence, and although this is normal, it can also be confusing. Some of my patients feel as though they're more of a boy or a girl, or even something else, while their body changes in another way. How has this been for you?

   If the adolescent expresses discordance with their natal sex:

   - Say "It is OK to feel this way" to validate the adolescent's feelings.
   - Gain an understanding of where your patient is on the gender spectrum. Some may identify as something other than male or female, while some may be unsure. Others may identify as the opposite gender.
   - Identify whether the adolescent has told anyone, and assess his or her safety at home and school. Be ready to refer to a counselor and/or a transgender care specialist.
   - Provide information about local or national organizations, such as https://www.pflag.org, that can offer support and education.

3. "Some patients your age are exploring new relationships. Who do you find yourself attracted to?" (Or, you could ask "How would you describe your sexual orientation?")

4. "Have you ever had sex with someone? By "sex" I mean vaginal, oral, or anal sex." (If sexual activity has already been established, ask about sex in the past year.)

   If the adolescent has never had sex or has not been sexually active in the last year:

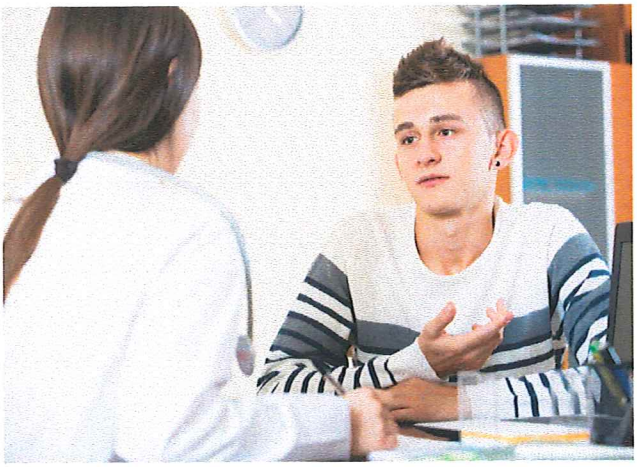
   - Say "If and when that changes, please let me know so that together we can keep you sexually healthy."
   - Support abstinence as an effective strategy for preventing STIs and unplanned pregnancy. Reinforce the importance of condoms to prevent both STIs and pregnancy, and the need for contraception when sexual activity begins.

   If the adolescent has had sex:

   - Ask about the following to identify risk factors, determine which preventive services are needed, and guide your counseling:
     - » number of lifetime partners
     - » the number of partners in the past year
     - » the gender of those partners
     - » the types of sex (vaginal, oral, anal)
     - » the use of protection (condoms and contraception)
     - » coercion or rape

If the adolescent has same-sex partners or self-identifies as lesbian, gay, bisexual, questioning (LGBQ), or something else:

- Ask whether he or she has a trusted adult to talk to or has come out to his or her family. Offer to help the adolescent have this conversation, if you feel you can assist.
- Assess the adolescent's safety at home and school, and whether he or she is being bullied or harassed.
- Link your patient to community or national organizations, such as https://www.pflag.org or http://www.thetrevorproject.org, for education and support.
- Counsel all sexually active adolescents, regardless of their sexual orientation, about using condoms and contraception. Adolescents who identify as LGBQ may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy. For more information about counseling, turn to page 9.



Preparing for the adolescent sexual history

- Incorporate the four essential sexual health questions from the previous page into a broader psychosocial history, such as the HEEADSSS (Home, Education or Employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, and Safety) interview.
- Explain to a parent or caregiver that you spend a portion of each visit alone with the adolescent. Time alone with teens is critical to discussing sensitive topics such as sexual health and prepares them for assuming responsibility for their health care. Assure that he or she will be invited back to complete the visit.
- Put your patient at ease before beginning the psychosocial history. Ensure confidentiality of the conversation except for certain circumstances, such as if the adolescent intends to inflict harm or reports being abused. You should know your state's laws that affect minor consent and patient confidentiality.
- Plan to start with less threatening topics, such as school or activities, before progressing to more sensitive topics, such as drugs and sexuality.
- Use open-ended questions to better facilitate conversation, rather than close-ended questions.
- Be ready to listen for strengths and positive behaviors, and to give praise where praise is due.

Additional questions to ask adolescents and adults

Consider asking additional questions to better understand your patient's level of risk, determine whether you need to recommend screenings or vaccinations, and offer appropriate counseling. *Table 1* contains questions that follow the Centers for Disease Control and Prevention's 5 Ps approach to taking a sexual history (**P**artners, **P**ractices, **P**ast history of STI, **P**rotection, and **P**regnancy Prevention/Reproductive Life Plan).

Table 1: Additional sexual health questions for adolescents and adults (including those who are transgender)

Partners	Do you know whether your partner has other sexual partners?
	In the past 3 months, have you had sex with someone you didn't know or had just met?
	Have you ever been coerced or pressured to have sex?
Practices	In the past 3 months, what kinds of sex have you had? Anal? Vaginal? Oral? (For men who have sex with men: Ask about receptive anal sex, insertive anal sex, or both)
	Have you or any of your partners used alcohol or drugs when you had sex?
	Have you ever exchanged sex for drugs or money?
Past History of STI	Have you ever had a sexually transmitted infection (or disease)? ***If yes:*** Which STI? Where was the infection? When did you have it? Was (Were) your partner(s) treated too?
	Have you ever been tested for HIV? ***If yes:*** How long ago was that test? What was the result?
Protection	What do you do to protect yourself from STIs, including HIV?
	When do you use this protection? With which partners?
	Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?
Pregnancy Prevention/ Reproductive Life Plan	Do you have any desire to have (more) children? ***If yes:*** How many children would you like to have? When would you like to have a child? What are you and your partner doing to prevent pregnancy until that time? ***If no:*** Are you doing anything to prevent pregnancy? (Be sure to ask to female-to-male transgender patients who still have female reproductive organs)

Using Table 1 to ask additional questions

The following two examples illustrate how to use *Table 1* to ask additional questions of your patients. The questions you choose to ask from *Table 1* will depend on how your patient responded to the essential questions outlined on the previous pages.

EXAMPLE #1

A patient (of any age, gender identity, or sexual orientation) who had only one sexual partner in the past year.

1. **"Is this a past or current partner?"**
   - » *If current partner:*
     - "Do you know whether your partner has other sexual partners?"
     - "Does your partner engage in other risk behaviors?"
   - » *If partner has other sexual partners, or patient does not know whether partner has other partners:*
     - "What are you doing to protect yourself against STIs, including HIV?"
2. **"In the past 3 months, what kinds of sex (vaginal, anal, or oral) have you had?"**
3. **"Have you ever been tested for HIV?"**
4. **"Do you have any desire for (more) children?" (Ask if relevant given patient's age or age of partner)**
   - » *If yes:*
     - "How many children would you like to have?"
     - "When would you like to have a child"
   - » *If no:*
     - "What are you and your partner doing to prevent pregnancy until that time?" (Ask if relevant given patient's sexual behaviors)

EXAMPLE #2

A male patient who had more than one male sexual partner in the past year and only has sex with men.

1. **In the past 3 months what kinds of sex have you had?**
   - » *If the patient had anal sex with male partners:*
     - "Did you have receptive anal sex, insertive anal sex, or both?
     - "Did you use any kind of protection while you had sex?"
   - » *If the patient had oral sex with male partners:*
     - "Were you giving or receiving, and where on the body?"
     - "Did you use any kind of protection during oral sex?"
2. **"Have you ever been tested for HIV?"**
3. **"Have you ever had an STI?"**
4. **"Have you been vaccinated against hepatitis A, hepatitis B, and HPV (only if eligible)?"**
5. **Other potential questions to ask include the following:**
   - » *"Where did you meet these partners?"*
   - » *"Have you ever been coerced or pressured to have sex?"*

Delivering Recommended Preventive Sexual Health Services

The U.S. Preventive Services Task Force (USPSTF), the Centers for Disease Control and Prevention (CDC), and many medical associations recommend a number of preventive sexual health services. These services, which include counseling, screenings, and vaccines, are outlined in *Table 2*. For information about specific tests, see page 20. Services the USPSTF recommends against providing are listed in *Table 3*.

Table 2: Recommended preventive sexual health services for various patient populations (including those who are transgender)

	Females				Males			
	Teens (13–17)	Adults (18–64)	Older adults (65+)	Pregnant	Teens (13–17)	Adults (18–64)	Older adults (65+)	MSM (all ages)
Counseling – STIs	✓[a]	✓[b]	✓[b]	✓[a,b]	✓[a]	✓[b]	✓[b]	✓[a,b]
Contraceptive counseling	✓	✓		✓	✓[c]	✓[c]	✓[c]	
Cervical cancer screening*		✓[d]	✓[d]	✓[d]				
Chlamydia screening	✓[e]	✓[e]	✓[e]	✓[e]	✓[f]	✓[f]		✓[g]
Gonorrhea screening	✓[e]	✓[e]	✓[e]	✓[e]				✓[h]
HIV testing	✓	✓	✓[b]	✓	✓	✓	✓[b]	✓
Syphilis screening	✓[i]	✓[i]	✓[i]	✓	✓[i]	✓[i]	✓[i]	✓
Hepatitis B screening	✓[j]	✓[j]	✓[j]	✓	✓[j]	✓[j]	✓[j]	✓
Hepatitis C screening		✓[k,l]	✓[k,l]	✓[k]		✓[k,l]	✓[k,l]	✓[k,l]
Hepatitis A vaccine	✓	✓[m]	✓[m]	✓[m]	✓	✓[m]	✓[m]	✓
Hepatitis B vaccine	✓	✓[n]	✓[n]	✓[n]	✓	✓[n]	✓[n]	✓
HPV vaccine	✓	✓[o]			✓	✓[o]		✓[o]

These footnotes summarize populations and risk factors found in recommendations issued by the USPSTF, CDC, and other national medical These footnotes summarize risk factors and major populations at risk found in recommendations issued by the USPSTF, CDC, and other national medical organizations. For complete information, see the actual recommendation.

* = *screen female-to- male transgender patients who still have a cervix according to the guidelines for non-transgender women*

a = *all sexually active adolescents*

b = *adults at increased risk (e.g., inconsistent condom use, current STI or history of STI within the past year, multiple sex partners)*

c = *males who wish to prevent pregnancy or do not want (more) children*

d = *screen female-to-male transgender patients who still have a cervix according to the guidelines for non-transgender women*

e = *sexually active women aged 24 and younger; women aged 25 and older who are at increased risk*

f = *consider screening adolescent and young adult males in high prevalence communities or settings*

g = *screen for urethral infection if had insertive anal sex in preceding year and for rectal infection if had receptive anal sex in preceding year*

h = *screen for urethral infection if had insertive anal sex in preceding year, for rectal infection if had receptive anal sex in preceding year, and for pharyngeal infection if had receptive oral sex in preceding year*

i = *those who are HIV-positive; those at increased risk (e.g., exchange sex for drugs or money, engage in commercial sex work, history of incarceration); those who are in high prevalence communities*

j = *those who are at risk (e.g., have unprotected sex, had a prior STI, share needles or syringes, have a sexual partner or family member infected with HBV); and those born in a country with a hepatitis B surface antigen (HBsAG) prevalence of at least 2% or born in the United States to parents who are from a country with HBsAG prevalence of at least 8%*

k = *those who are HIV-positive; have a history of current or past injection drug use, intranasal drug use, or incarceration; had a blood transfusion before 1992*

l = *screen all those born between 1945 and 1965 one time*

m = *those who use illicit drugs, have chronic liver disease, receive clotting factor concentrates, travel to hepatitis A-endemic countries, or wish to be vaccinated*

n = *those who are at risk (e.g., have unprotected sex, had a prior STI, share needles or syringes, or have a sexual partner or family member infected with HBV).*

o = *young adult women up to age 26; young adult males up to age 21, unless immunocompromised or have sex with men (then up to age 26).*

Counseling your patients

Counseling is a core element of good sexual health care. It helps patients to understand their contraceptive options and choose an ideal method, and learn to lower their risk for STIs, including HIV.

The USPSTF recommends behavioral counseling to prevent STIs for all sexually active adolescents and for adults who have the following risk factors:

- Not using a condom or inconsistently using one
- Having multiple partners
- Having a current STI or an STI within the past year
- Using drugs or alcohol before having sex
- Having a partner who has other sexual partners

Sexual risk reduction counseling should include basic information about STIs and their transmission, and training on skills to lower risk, such as using condoms, improving communication about safer sex, problem solving, and goal setting. The CDC also recommends abstinence, reducing the number of sexual partners, and mutual monogamy as effective strategies for lowering sexual risk for STIs.

The CDC recommends offering contraceptive services to all patients who wish to delay or prevent pregnancy. This includes considering a range of FDA-approved methods and assessing which are safe for the patient, counseling to help the patient select a method and learn how to use it correctly and consistently, and providing the selected method (preferably on-site or by referral). For males, you might also discuss female-controlled methods and how to access those methods.

Counseling is typically included in the preventive medicine CPT codes. Medicare covers up to two-individual 20-30 minute, face-to- face, high-intensity behavioral counseling sessions per year for sexually active adults at increased risk for STIs.

Table 3: Preventive services the USPSTF recommends against (D-grade) providing to patients who are at low or average risk

Preventive Service	Population(s) that should not be screened
Screening for bacterial vaginosis	Asymptomatic pregnant women at low risk for preterm delivery
Screening for cervical cancer	Women younger than age 21 years
	Women younger than age 30 years using human papillomavirus testing, either alone or in combination with cytology
	Women older than age 65 years who have had adequate prior screening and are not otherwise at high risk for cervical cancer
	Women who have had a hysterectomy with removal of the cervix and who do not have a history of a high-grade precancerous lesion (cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer
Screening for herpes simplex virus*	Asymptomatic pregnant women at any time during pregnancy to prevent neonatal HSV infection
	Asymptomatic adolescents and adults
Screening for ovarian cancer	Asymptomatic women
Screening for prostate cancer	Adult men using prostate-specific antigen (PSA)-based screening
Screening for syphilis*	Asymptomatic persons who are not at increased risk for syphilis infection
Screening for testicular cancer**	Adolescent or adult men

* Although the USPSTF recommends against routinely providing this service, there may be instances when it is warranted. Use your clinical judgement or visit the "Clinical Considerations" section of the recommendation statement to determine whether to provide this service. Statements can be found at http://www.uspreventiveservicestaskforce.org/Page/Name/recommendations.

**The Society for Adolescent Health and Medicine (SAHM) recommends health care providers perform a complete genital examination annually on adolescent and young adult males apart from screening for testicular cancer.

Responding to Your Patients' Questions

This section prepares you or other members of your care team to answer common patient questions. The following questions are found in *Take Charge of Your Sexual Health: What you need to know about preventive services*, a consumer guide developed by the National Coalition for Sexual Health.

Some questions are straightforward and have a sample response. For questions that are more nuanced, key information and recommended actions are provided to help you shape an appropriate response.

Questions about screening and testing

"What tests are you giving me?" **"How are they done?"** **"When and how will I get my result?"**	**What you need to know before you can answer:** • Your patient's sexual history • Your patient's history of past tests • The tests your clinic or office uses and the method used to collect the specimen needed for each test • Your office's policy on how test results are communicated to patients and the next steps **What you should do:** • Take a sexual history to identify who should be screened and which anatomical sites to test • Develop an office policy that outlines a process for how different test results are communicated to patients, if you do not have one already

Questions about sexually transmitted infections

"Should I be tested for STIs, including HIV?" "Which ones?"	**What you need to know before you can answer:** • Your patient's sexual history • Your patient's history of past tests • The tests your clinic or office uses and the method used to collect the specimen needed for each test • Your office's policy on how test results are communicated to patients and the next steps	**What you should do:** • Take a sexual history to identify who should be screened and which anatomical sites to test • Develop an office policy that outlines a process for how different test results are communicated to patients, if you do not have one already

"Should my partner get tested, too?"

What you need to know before you can answer:

> Your patient's test result

- A negative test means the current partner is most likely not infected. You might encourage testing anyway if the partner has never been tested, particularly for HIV.
- A positive test result means the current partner will likely need to be tested and treated.

> Which STI the patient has (with a positive result)

- Recommendations for partner notification and evaluation vary depending on the infection and length of time since exposure. For complete information on management of sex partners, refer to the CDC's *Sexually Transmitted Diseases Treatment Guidelines, 2015*.

"How often should I be tested for STIs?"

What you need to know before you can answer:

- Clinical guidelines for different STIs and their recommended periodicity
- Your patient's history of past tests
- Your patient's risk factors

"Are there any vaccines I should get to protect myself from STIs?"

(Or, a parent might ask about vaccinations for an adolescent)

Sample response for the parent(s) of an adolescent:

"I recommend that all my adolescent patients receive the HPV vaccine. It is very safe and effective. This vaccine consists of three shots and protects against the human papillomavirus, which can cause cancer. If your son/daughter hasn't been fully vaccinated against hepatitis A or B, I also recommend those vaccines."

Sample response for a young adult (up to age 26 for females and age 21 for most males):

"The HPV vaccine is an important way to protect yourself against some forms of cancer and genital warts. If you haven't received the full three doses, let's give you the remaining doses so you're fully protected."

Note: Young adults born outside the United States or born in the United States to parents from a hepatitis B-endemic country may not have been vaccinated again hepatitis B. Test these patients first for hepatitis B and give the first dose of vaccine concurrently.

Sample response for an adult:

The hepatitis B vaccine protects against the hepatitis B virus, which can be transmitted through sexual activity. If you weren't vaccinated as a child, you may need it to stay healthy. Let's talk about your risk factors to see if you need it. If you do, we'll test you first to see if you're immune."

Note: Recommend the hepatitis A vaccine to all MSM and those who use illicit drugs, have chronic liver disease, receive clotting factor concentrates, plan to travel to a hepatitis A-endemic country, or express a desire to be vaccinated.

"How can I protect myself from getting STIs?"

What you need to know before you can answer:

- Your patient's risk
- Safer sex practices
- Your patient's vaccine status

Sample Response:

"The most effective ways to prevent STIs are not having sex, having sex with only one partner who does not have an STI and only has sex with you, and using a condom correctly every time you have sex. Before having sex with a new partner, each person should get tested for HIV and screened for STIs. That way, a previously unknown STI can be treated. If your partner has an STI, use a condom every time you have sex and abstain from sex during an infectious period, such as with herpes, or until his or her treatment is completed. You can also protect yourself from hepatitis A and B by being fully vaccinated."

(If the patient is eligible, add "Getting vaccinated against HPV is also very important. HPV is extremely common and can cause cancer and genital warts.")

"If I have an STI, can it be treated?"

Sample response:

"All STIs can be treated, but the treatment varies depending on the STI. Some infections are very easy to treat and can be cured. Others, like HIV, cannot be cured and but can be effectively managed through treatment."

PREVENTING HIV INFECTION THROUGH PRE- AND POST-EXPOSURE PROPHYLAXIS

Discuss pre-exposure prophylaxis (PrEP) with HIV-negative patients at high risk for HIV infection. These patients include:

- MSM who report having anal sex without a condom in the past 6 months, having any STI in the past 6 months, or being in a relationship with an HIV-positive male partner
- Men and women who report (a) seldom using condoms with one or more partners who are of unknown HIV status or are at risk of HIV infection or (b) being in a sexual relationship with an HIV-positive partner
- Men who report having sex with both men and women
- Injection drug users who report sharing equipment, having been in a treatment program, or engaging in sexual risk behaviors

For more information on PrEP, visit http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf

Evaluate patients who are concerned about recent exposure to HIV through unprotected sexual intercourse to determine whether post-exposure prophylaxis (nPEP) is warranted. For more information on nPEP, visit https://stacks.cdc.gov/view/cdc/38856.

Questions about contraceptives

"What are the most effective forms of birth control?"	**Sample response:** "The most effective reversible forms of birth control are the IUD, or intrauterine device, and the implant. The IUD is a small T-shaped plastic device that goes into the uterus. The copper IUD is effective for up to 10 years, and the hormonal IUD is effective for 3–5 years, depending on which one you use. The implant is a matchstick-sized rod that goes under the skin in the arm and releases hormones. It is effective for up to 3 years. These devices can be easily removed if you (or 'your partner' if talking to a male patient) decide to get pregnant. Permanent contraception (or 'sterilization') is a good option if you know you don't want (more) children."
"What are the best options for me?"	**What you need to know before you can answer:** • Your patient's contraceptive preferences, contraceptive history, medical history and use of medications, risk factors, plans to have children, and frequency of intercourse. • See the CDC's report *Providing Quality Family Planning Services* for guidance on delivering these services. • Information about different contraceptive methods, including effectiveness, side effects, contraindications, and how it must be used to be effective.

EMERGENCY CONTRACEPTION

Emergency contraception (EC) can be prescribed to women who are concerned about becoming pregnant after having unprotected sex.

Three forms of EC exist:

1. Pills containing levonorgestrel (available over the counter)
2. Pills containing ulipristal acetate (available by prescription only)
3. The copper IUD

EC in oral form can be taken up to 120 hours after unprotected sex, but it is most effective if taken as soon as possible. The copper IUD can be inserted up to 5 days after unprotected sex to prevent pregnancy.

"How and where can I get affordable contraceptives?"	**Sample response:** "Most health plans cover all FDA-approved contraceptives at no cost. Check with your individual plan to make sure. You can also get lower-cost contraceptives at Planned Parenthood clinics, community health centers, and local public health clinics."

"What are the side effects of different contraceptives?"	**Sample response:** "Hormonal methods often reduce menstrual cramps and PMS symptoms, and lead to lighter or fewer periods. These methods may initially cause spotting, nausea, and breast tenderness, but these symptoms usually subside after a few months. Barrier methods, like condoms, diaphragms, and cervical caps, don't contain hormones so they don't cause those side effects. But, they are more difficult to use and are less effective. However, condoms are the only method that also protect against STIs."

Questions about partner issues

"What if my partner doesn't want to use a condom?"	**Sample response:** "Emphasize that using a condom keeps both of you safe and that refusing to use one concerns you. Try to address why your partner doesn't want to use a condom, which could include concerns about size, comfort, and fit, or issues around trust. Remember that it's your decision whether or not to have sex." *Note: Determine whether to recommend PrEP to reduce the chance of becoming infected with HIV.*

"I want my partner and me to get tested for STIs before we have sex for the first time. How should I bring up the topic?"	**Sample response:** "When you are alone and feel comfortable, say that you want to talk about something important. You could say that you've learned that many people who have an STI don't know it, and you want to make sure that neither of you has one. Suggest getting tested together so that if either of you has an STI, you can start treatment right away before serious health problems arise and before transmitting it to the other."

"I'm married and I assume my spouse is only having sex with me. Should I still be tested for STIs?"	**Sample response:** "I recommend that all my patients get tested for HIV and other STIs at least once. If you've previously been tested and those results were negative and you don't suspect that your spouse has other sexual partners, then you probably don't need to be tested. However, we can test you if you are very concerned." *Note: Female patients aged 24 and younger should be screened annually for chlamydia and gonorrhea.*

"My partner cheated on me and I'm worried I might have an STI. Which STIs should I be tested for?"	**Sample response:** "I can understand why you're worried. I recommend that you get screened for HIV, chlamydia, gonorrhea, syphilis, and hepatitis B (if not immune to hepatitis B). This panel covers a range of sexually transmitted infections." *Note: For MSM who ask this question, also recommend pharyngeal and anal testing for gonorrhea and anal testing for chlamydia if they reported receptive anal or oral sex. Recommend hepatitis C screening to everyone born between 1945 and 1965.*

Reporting Communicable Diseases

Remember that many states require health care providers to report positive cases of chancroid, chlamydia, gonorrhea, HIV infection, and syphilis to the local health department. Check with your state health department for information on the reporting process and specific requirements.

"How do I tell my partner if I test positive for an STI?"

What you need to know before you can answer:

> Which STI the patient has

- If a patient has HPV: A female partner who tests positive for HPV should not encourage her male partner to get tested. HPV testing is not available for males.
- If a patient has chlamydia or gonorrhea: Consider expedited partner therapy (EPT) for patients who do not think their heterosexual partner(s) will present for evaluation and you practice in a state where EPT is legal. (Note that EPT is not routinely recommended for MSM due to the higher likelihood of partners being co-infected with HIV or syphilis.) Visit CDC's EPT Web page to learn more.

> What partner notification services your health department offers and the process by which disease intervention specialists (DIS) work with patients and providers.

Sample response for telling a new partner:

"You might say that you have something very important and personal to talk about, and then simply say what STI you have. Just be direct and honest. Educate your partner about your STI, and encourage him or her to ask questions. Be prepared for him or her to want some time to think about it."

Sample response for telling a current or former partner:

"Although disclosing that you've been diagnosed with an STI is very difficult, it is important to have this conversation right away. If you want to tell your partner yourself, say that you have something very important to talk about, and then simply say that you've been diagnosed with an STI and which STI that is. Just be direct and honest. Encourage your partner to get tested so that he or she can get treated if they also test positive. Be prepared for a range of reactions. However, if you're worried that the person will react badly, you can bring him or her here and I can help you have this conversation. Or, specially trained staff from the health department can work with you to find and anonymously notify your partner. There are also websites that anonymously let people know they've been exposed to an STI. InSPOT.org and SoTheyCanKnow.org are two that I'm aware of."

Note: DIS are trained public health professionals who work with index patients to locate and notify sex partners who have been exposed to some STIs (HIV; syphilis; and possibly chlamydia and gonorrhea, depending on the case specifics and available resources). They can also counsel located partners and refer them to medical services for testing and treatment.

Questions about sexual functioning or performance

"My sex drive is lower than normal. What's the deal?"

(Or, sex or masturbation may no longer be pleasurable.)

Sample response:

"Medications, chronic illnesses, aging, stress, and fatigue can all reduce your interest in sex. Let's talk about what might be relevant for you. I recommend that we screen you for depression and run some tests to find out whether you have any unknown health problems, like diabetes or a thyroid condition. (If appropriate, add "We may also need to adjust any medications you're on.")"

"Having sex hurts. What's the problem?"

Sample response for women:

"A number of things can cause pain during intercourse. Using a lubricant may help if penetration is painful. If the pain is deeper, it could be caused by an infection or an issue with your sexual organs, such as fibroids or endometriosis. Describe the pain, and we'll try to find the cause."

Sample response for men:

"Pain during intercourse is often caused by an infection or inflammation. Tell me what your pain feels like and when you feel it and we'll figure out what might be causing the problem."

Note: To help transgender patients who are experiencing painful intercourse, you will need to know their anatomy and what kinds of sex they have.

"I'm being treated for another illness or disease, and I'm wondering how that will affect my sex life."

What you need to know before you can answer:

- What your patient is being treated for and how his or her treatment regimen may impact his or her sexuality, including physical and psychological effects
- Which medications can have sexual side effects and which alternatives you could suggest

"I was told my prostate was enlarged. Will this affect my sex life?"

Sample response:

"An enlarged prostate should not affect your sex life. However, treating an enlarged prostate may cause sexual side effects. Some medications can reduce sexual desire and prostate reduction surgery may cause erectile dysfunction. Treatments for an enlarged prostate can also cause retrograde ejaculation, which is when the semen goes into your bladder. This condition doesn't affect sexual performance, but may cause infertility."

Information About Screening Tests

Here you will find general information about specific tests used for screening asymptomatic patients for cervical cancer and various STIs. These services are recommended by the USPSTF, CDC, and leading medical organizations. This section does not include services that lack a clear recommendation (e.g., I grade) or are recommended against by the USPSTF for asymptomatic patients at average risk, nor information about diagnostic testing for symptomatic patients.

Cervical cancer screening

The Pap test is the standard of care for the early detection and prevention of cervical cancer starting at age 21. A Pap test may use the conventional method of smearing a cervical sample onto a slide and staining it for microscopic analysis; or a liquid-based method, where a cervical specimen is placed in a vial of liquid preservative and sent to a lab for analysis. Some liquid-based tests allow for additional testing of the cervical specimen to detect HPV, chlamydia, gonorrhea, and trichomoniasis. Additional testing cannot be done via the conventional method.

Cervical cancer screening guidelines for women age 30 and over recommend co-testing, which combines a Pap test using the liquid-based methodology with DNA testing for high-risk HPV genotypes. HPV genotypes that are low-risk for cervical cancer and precursor lesions are not included in the test. A separate test may be conducted to identify high-risk types if a positive HPV result is obtained.

Sensitivity and specificity

Traditional Pap method

The sensitivity of a single conventional Pap test is about 68% and the specificity is about 75% (using atypical squamous cells of undetermined significance [ASC-US] as the test threshold and CIN 1 as the reference threshold).

Liquid-based method

The sensitivity of a single liquid-based test is 93%.

Pap-HPV co-testing

Pap-HPV co-testing is more sensitive than Pap testing alone but has lower specificity, meaning that it generates more false positive results. Sensitivity of co-testing is around 95%.

Resources

National Cancer Institute

Cervical Cancer Screening PDQ

American Society for Colposcopy and Cervical Pathology

Algorithms

Chlamydia and gonorrhea screening

The Nucleic Acid Amplification Test (NAAT) is the gold standard for identifying chlamydial and gonorrheal infections. These tests detect and then amplify chlamydial or gonorrheal nucleic acid present in the collected specimen. NAATs that can test for both chlamydia and gonorrhea are available. NAATs are FDA-cleared for use with a first-catch urine sample and a swab specimen (endocervical, vaginal, and urethral). Not all NAATs test each of those specimens, however. For women, vaginal specimens are recommended. Endocervical specimens are also acceptable. For men, a first-catch urine sample is recommended.

NAATs have not yet been FDA-cleared for use with rectal or oropharyngeal specimens, although some laboratories have met the Clinical Laboratory Improvement Amendments (CLIA) standards needed to test extra-genital specimens.

The exception to using NAAT is when testing male-to-female transwomen who have a neovagina. In this case, do a culture swab.

Sensitivity and specificity

The NAAT is the most sensitive and specific of available tests. Sensitivity is greater than 90% and specificity is greater than 99%.

False positives are more likely when testing low-prevalence populations.

Resources

Centers for Disease Control and Prevention

Recommendations for the Laboratory-based Detection of Chlamydia trachomatis and Neisseria gonorrhoeae —2014

Hepatitis B screening

There are three tests to screen for the hepatitis B virus: (1) The hepatitis B surface antigen (HBsAg) test detects antigens (surface protein found on the virus), (2) the hepatitis B surface antibody (HBsAb or anti-HBs) test detects antibodies produced in response to antigen, and (3) the hepatitis B core antibody (anti-HBc or HBcAb) test detects IgM antibodies to hepatitis B core antigen. The HBsAg test is most often used for screening asymptomatic individuals. The anti-HBs and the anti-HBc are used to distinguish between immunity and infection status. A combination of these tests may need to be performed and the results evaluated collectively to determine whether the patient is immune (due to either vaccination or past infection) or has an acute or chronic infection. These tests require a blood sample.

Sensitivity and specificity

HBsAg immunoassays have a sensitivity and specificity greater than 98%.

Resources

Centers for Disease Control and Prevention

Hepatitis B Information for Health Professionals

Interpretation of Hepatitis B Serologic Test Results

Hepatitis C screening

Hepatitis C screening looks for antibodies to the virus using an anti-HCV test. Screening can occur using either a rapid test (OraQuick HCV Rapid Antibody Test) or a laboratory-based serologic assay (enzyme immunoassay (EIA) or chemiluminescent assay (CIA)). The EIA is a commonly used screening test. The rapid test uses a finger prick and the laboratory-based tests require a blood sample.

A reactive test result is followed by a test that looks for and amplifies viral RNA. If confirmatory testing is positive, the patient has an active hepatitis C infection. If no viral RNA is detected, the patient had a previous infection that has resolved, or the antibody test was a false positive.

Sensitivity and specificity

Rapid Test

Sensitivity is 97.8%–99.3% and specificity is greater than 99.5%.

EIA

Sensitivity is at least 98%. Specificity is greater than 99% but depends on the likelihood of infection. False positives can occur among lower-risk patients.

Resources

Centers for Disease Control and Prevention

Testing for HCV Infections: An Update of Guidance for Clinicians and Laboratorians

HIV testing

Testing for HIV can be performed on blood or oral fluid specimens, which can be sent to a lab for analysis or tested on site via a rapid test. There are pros and cons of both laboratory and rapid tests. Laboratory tests are more accurate than rapid tests at detecting early infection, but require a blood draw. The patient must also wait for up to a week for the result. Rapid tests provide initial results in up to 20 minutes and thus ensure that patients receive their results. Rapid tests also test oral fluid, which is more acceptable to many patients, particularly youth. It is recommended that laboratory testing of blood or plasma begin with a test that detects HIV-1 and HIV-2 antibodies, as well as HIV-1 p24 antigen. Rapid tests usually test for HIV-1 and HIV-2.

Sensitivity and specificity

HIV tests are highly sensitive (>99.5%) and specific (>99.5%). HIV has a window period when antibodies are not yet at detectable levels. This window varies depending on the test being used and the individual that has been infected. Most individuals have begun producing antibodies after 12 weeks. A false negative can result if a patient tests during this period.

Resources

Centers for Disease Control and Prevention

Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations

American Academy of HIV Medicine

Coding Guide for Routine HIV Testing Health Care Settings

Syphilis screening

There are two algorithms for screening for syphilis. Option one starts with a non-treponemal antibody test. These tests look for antibodies that are produced during infection. A reactive result would be followed up with a treponemal test, which looks specifically for antibodies produced in response to the syphilis bacterium. The second algorithm reverses this process and starts with a treponemal test, followed by a non-treponemal test if the initial screening result was positive.

Treponemal antibody tests include the fluorescent treponemal antibody absorption (FTA-ABS), Treponema pallidum particle agglutination assay (TP-PA), enzyme immunoassays (EIAs), and chemiluminescence immunoassays (CIAs). Non-treponemal tests include the Rapid plasma reagin (RPR) test and the Venereal disease research laboratory (VDRL) test. The RPR is performed on blood and the VDRL can be performed on blood or spinal fluid. The RPR test is easier to use and does not require microscopy.

A rapid syphilis test is also available for screening patients in a variety of health care settings. It requires a finger prick, rather than venipuncture.

Sensitivity and specificity

Treponemal antibody tests are highly specific. The FTA-ABS has a sensitivity of 84% for primary syphilis and 100% for secondary and tertiary syphilis. Its specificity is 96%.

The RPR and VDLR are most accurate at detecting secondary syphilis. The sensitivities are 78%–86% for primary syphilis, 100% for secondary syphilis, and 95%–98% for tertiary syphilis. Specificity is in the range of 85%–99%. False positives can result because the tests have low specificity.

Resources

Centers for Disease Control and Prevention

Self-Study STD Module for Clinicians – Syphilis

Reverse Sequence Syphilis Screening: An Overview by CDC

Where to Learn More

Clinical education & resources on specific patient populations

ADOLESCENTS AND YOUNG ADULTS

Adolescent Health Working Group

Sexual Health: An Adolescent Provider Toolkit

Physicians for Reproductive Health

Adolescent Reproductive and Sexual Health Education Program

Society for Adolescent Health and Medicine

Sexual and Reproductive Health Clinical Care Resources

GAY, LESBIAN, BISEXUAL, AND TRANSGENDER INDIVIDUALS

National LGBT Health Education Center

Suggested Resources and Readings

American Medical Association

LGBT Resources

University of California, San Francisco

Center of Excellence for Transgender Health

World Professional Association for Transgender Health

Standards of Care

MALES

Male Training Center for Family Planning and Reproductive Health

Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice

The Partnership for Male Youth

Health Provider Toolkit for Adolescent and Young Adult Males

OLDER ADULTS

National Institute on Aging

Talking with Your Older Patient: A Clinician's Handbook

Clinical education & resources on specific health topics

FAMILY PLANNING/CONTRACEPTION

Centers for Disease Control and Prevention

US Selected Practice Recommendations for Contraceptive Use, 2013

United States Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016

Providing Quality Family Planning Services

Where to Learn More

HIV AND PRE-EXPOSURE PROPHYLAXIS (PREP)

Centers for Disease Control and Prevention

Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States, 2014: Summary for Clinical Providers

PrEP Guidelines

PrEP Clinical Provider Supplement

SEXUAL FUNCTIONING

Association of Reproductive Health Professionals

Handbook on Female Sexual Health and Wellness

American Congress of Obstetricians and Gynecologists

Finding Solutions for Female Sexual Dysfunction

SEXUALLY TRANSMITTED INFECTIONS

Centers for Disease Control and Prevention

Sexually Transmitted Diseases Treatment Guidelines, 2015

STD Webinars

Self-Study STD Modules for Clinicians

National STD/HIV Prevention Training Centers

Online Case Series

VIRAL HEPATITIS

Centers for Disease Control and Prevention

Viral Hepatitis Serology Training

Other clinical resources

TAKING A SEXUAL HISTORY/DISCUSSING SEX WITH PATIENTS

American Medical Association

Patient Sexual Health History: What You Need to Know to Help

Centers for Disease Control and Prevention

A Guide to Taking a Sexual History

Cardea

Sexual History-Taking Toolkit

Association of Reproductive Health Professionals

Talking With Patients about Sexuality and Sexual Health